

DEPARTMENT OF ENVIRONMENT AND CONSERVATION TENNESSEE DIVISION OF AIR POLLUTION CONTROL ANNUAL INSPECTION

Facility No.: 73-0237 State Category: TM		Lea	ad Insp	pector: JEI	_
Date Inspected: October 17, 2014		On-Site:	<u>X</u>	YES	NO
Company Name: Roane Medical C Location address: 8045 Roane Me City/State/Zip: Harriman / TN/ 37 Mailing Address, if different:	dical Center Drive				
Responsible Official/Title: Dejan Phone: 865-970-1279 E-Mail Address:	Veljkovich / Facilities I	Director			
Facility Contact/Title: Dejan Velj. Phone: 865-970-1279 E-Mail Address:	kovich / Facilities Direc	etor			
Date of the last annual inspection Time period covered by this inspection partial or comprehe	ection, from: April 23,	2013 to: Oc	tober 1	17, 2014	
Total time required for this inspe	ection (hours): 13				
Was company in compliance during If NO, enter data below and explain		me period?		YES X	NO
Violation(s) Description	NOV Date			By (EFO, Permitting)	EAR#
Failure to submit six month fuel oil combustion reports	November 13, 20)14		EFO	16078
Comments: Facility failed to submi January 1 to June 30, 2013, July 1 t received the reports listed above on permitting division for completeness	o December 31, 2013, a October 28, 2014, which	and January	1 to Ju	me 30, 2014	. The Division
Current Compliance Status: If OUT, provide explanation. Comments:	X_INOU	J T			
Description of Facility Operation pressure natural gas boilers. However, natural gas boilers.					

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Review Status of Required Reports:

Include all reports due/reviewed since last AI report

Report Type (SAR, ACC, MACT, CM)	Timeframe Report Covers	Due Date	Received in CO	Received in EFO	Postmarked Date	Reviewed Date	Report Adequate (Y/N) if N, explain below	SL Report Tracking Number
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Comments: None

Visible Emissions Status/Evaluations:

All emission points observed and no visible emissions seen: X YES NO

Source Number & Stack ID	Date of VEE	Limit/Method	Compliance Status (IN/OUT)
N/A	N/A	N/A	N/A

Comments about visible emissions observed if no VEE conducted: None

1) Permit Status:

For each permit used for this inspection, repeat items 1-5 to include details for each permit.

Permit Number	Source Number(s)	Issue/Amendment/Modification Date	Expiration Date	Next Application Due Date	Next Application Received Date
966970F	01	April 23, 2013	April 1, 2014	Within 30 days of April 23, 2013	May 15, 2013

Comments: The conditions for permit 966970F are later covered under permit 067335F.

2) Mass Emission Limits:

Source Number	Permit Condition	Condition Limit	Maximum During Review Period
N/A	N/A	N/A	N/A

Comments: None

3) Process Parameters (feed rates, input limits, work practice standards, etc.):

Source Number	Permit Condition	Condition Limit	Maximum During Review Period
N/A	N/A	N/A	N/A

Comments: None

4) Control Equipment Operating Parameters (flow rates, pressure drop, temperature, etc.):

Source Number	Permit Condition	Condition Limit	Value During On-Site Inspection	Compliance Maintained (Yes/No)
N/A	N/A	N/A	N/A	N/A

Comments: None

5) On-Site Review of Facility Records and Operating Logs:

Source Number	Permit Condition	Type of Record/Log	Review Time Frame	Compliance (Yes/No)
N/A	N/A	N/A	N/A	N/A

Comments: None

1) Permit Status:

For each permit used for this inspection, repeat items 1-5 to include details for each permit.

Permit Number	Source Number(s)	Issue/Amendment/Modification Date	Expiration Date	Next Application Due Date	Next Application Received Date
067335F	01	July 16, 2013	October 1, 2022	Prior to August 3, 2022	N/A

Comments: None

2) Mass Emission Limits:

Source Number	Permit Condition	Condition Limit	Maximum During Review Period
01	5	Particulate matter emitted from source shall not exceed 0.27 pounds per million Btu (11.34 pounds per hour)	No records requirement in permit
01	6	NOx emitted from source shall not exceed 2.4 pounds per hour. Compliance assured through use of low NOx burners.	Vendor certification was on- site and showed an emission rate of 0.05 lb/MMBtu

Comments: None

3) Process Parameters (feed rates, input limits, work practice standards, etc.):

Source Number	Permit Condition	Condition Limit	Maximum During Review Period
01	3	Total heat input capacity shall not exceed 42 MMBtu/hr on a daily average basis. Compliance assured with records required in conditions 8 and 9.	Monthly natural gas and fuel oil usage logs were on-site

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01	4	Natural gas shall be used as primary fuel for this source. Diesel may be used for periods of gas curtailment, gas supply emergencies, or periodic testing on liquid fuel	Verbally confirmed.
01	4	Testing of liquid fuel (diesel) shall not exceed a combined total of 48 hours during any calendar year	Facility operated on fuel oil 1 hour in October 2013 for testing purposes.
01	7	Source shall use only low NOx burners to control emissions	Verbally and visually confirmed
01	10	All fuel oil combusted shall contain less than 0.5% sulfur by weight	Vendor certification showed fuel oil at 15 ppm or 0.015 percent sulfur by weight.

Comments: While the facility's permit has the boilers rated at 42 MMBtu/hr heat input capacity, the current lower hp boilers are rated at 33.6 MMBtu/hr heat input capacity.

4) Control Equipment Operating Parameters (flow rates, pressure drop, temperature, etc.):

Source Number	Permit Condition	Condition Limit	Value During On-Site Inspection	Compliance Maintained (Yes/No)	
N/A	N/A	N/A	N/A	N/A	

Comments: None

5) On-Site Review of Facility Records and Operating Logs:

Source Permit Number Conditio		Type of Record/Log	Review Time Frame	Compliance (Yes/No)	
01	7	Manufacturer specifications for low NOx burners showing emission rates no greater than 0.05 lb/MMBtu, when burner operates at its design heat input capacity while burning natural gas.	April 2013 – September 2014	Yes	
01	8	Monthly gas and fuel oil usage for each boiler	April 2013 – September 2014	Yes	
01	9	Operating time using fuel oil	April 2013 – September 2013	Yes	
01	10	Fuel oil vendor certification	April 2013 – October 2014	Yes	
01	11	Six month report for any fuel oil combusted	Initial report due July 30, 2013	No	

Comments: See comments listed under Violation section

A copy of the Depart	ment's l	Mercury-A	dded Product Dis	posal Requirements was given to the
facility for review:	X	YES	NO	

Was any complaint received? _____YES __X___NO If YES, provide comments:

Additional Information:

Has open burning occurred at this facility?YESXNO If YES, provide comments:
Was any stack testing required?YESXNO If YES, provide comments:
Was any stack testing performed?YESXNO If YES, provide comments:
Was there any air-related construction/modification? YES X NO If YES, provide comments:
Is any air-related construction/modification planned?YESXNO If YES, provide comments:
Are there any unpermitted and/or exempt sources (e.g., generators, stationary engines, boilers) that need further attention?YESXNO If YES, provide comments:
Lead Inspector's Name Date
VEE Certification Number: 2449 Certification Expiration Date: 03-19-2015
I verify that the format and content of this report conforms to established TN Division of Air Pollution Control annual inspection standard operational procedures guidance and that the compliance determination made in this report is correct.
Supervisor/Manager U/13/14 Date